COMPHIBGRU THREE INSTRUCTION 6010.2B

Subj: MEDICAL PERFORMANCE ASSESSMENT AND IMPROVEMENT (PA&I) PLAN

Ref: (a) BUMEDINST 6010.13
(b) COMNAVSURFPACINST 6320.1

Encl: (1) Sample format - FST OIC/CATF Surgeon Quarterly Report
(2) Medical Record Review Form
(3) NAVMED 6320/29
(4) COMNAVSURFPAC 6320/1 (11-96)

1. Purpose. To outline the processes by which Medical Departments under the cognizance of COMPHIBGRU THREE will monitor and evaluate the medical services they provide as per references (a) and (b). Goals of this plan will be to identify health services processes to improve, reduce variation, improve patient care, enhance wellness and ensure that the highest standards of clinical practice are maintained.

2. Cancellation. COMPHIBGRUTHREEINST 6010.2A.

3. Organization and Responsibilities. The COMPHIBGRU THREE Medical Officer is responsible to Commander, Naval Surface Force, U.S. Pacific Fleet (COMNAVSURFPAC) Force Medical Officer for all medical care and PA&I activities of the individual medical departments onboard all amphibious ships and Naval Support Elements (NSE) within the COMNAVSURFPAC Area of Responsibility (AOR).

a. The Senior Medical Department Representative (SMDR) onboard each ship supervises the medical care and medical readiness (personnel and equipment) and is responsible to the Commander Amphibious Task Force (CATF) Surgeon assigned to that ship for medical PA&I activities.

b. The Group Medical Officer will make CATF Surgeon assignments for COMPHIBGRU THREE ships. NSEs without a CATF Surgeon assigned will be responsible directly to the Group Medical Officer.

c. FST OICs/CATF Surgeons will report PA&I activities to the COMPHIBGRU THREE Medical Officer.

d. Types of ships are as follows:

(1) Major Medical Platforms/Casualty Receiving Treatment Ships (CRTS) – LHD’s and LHA’s.

(2) Medical Support Platforms with Medical Officer – LPD-4 and LSD-41 Class ships.

(3) Medical Support Platforms without Medical Officer – LSD-36 Class.

e. Naval Support Elements are ACB1, ACU1, BMU1, NCWG1 and ACU5.

f. Health Care Providers shall be held accountable for the health care they provide within the scope of their training and based upon the medical capabilities of their platform.

g. Levels of care depend upon the training level of the Health Care Provider embarked and may be divided as follows:

(1) Medical Specialists (residency trained, board certified/board eligible or qualified by special training).

(2) General Medical Officers (GMO) (i.e., one year post-graduate training/internship only).

(3) Credentialed Nurses (CRNA, nurse midwives and nurse practitioners) and non-credentialed RNs.

(4) Independent Duty Corpsman (IDC).

(5) Other Corpsman (including 0000 and non-IDC specialties).

4. Elements of PA&I within COMPHIBGRU THREE

a. Credentialing and privileging.

(1) COMNAVSURFPAC Force Medical Officer is the privileging authority for all credentialed Health Care Providers within the COMNAVSURFPAC AOR. The Executive Committee of the Medical Staff (ECOMS) shall perform credentialing and PA&I oversight and provide the privileging authority with input in the form of meeting minutes on a quarterly basis.

(2) All physicians and credentialed nurses shall apply for privileges to practice medicine/nursing in the area of their specialty training immediately upon reporting to their command. Personnel applying for privileging shall not engage in patient care until their privileging package is approved and signed by COMNAVSURFPAC Force Medical Officer.

(3) Each privileged Health Care Provider will have an Individual Credentials File (ICF) maintained in the COMNAVSURFPAC
credentials office and managed by the Professional Affairs Coordinator (PAC). The ICF is the permanent record of the provider's credentials.

(4) A temporary Clinical Activity File (CAF) shall be maintained and managed by the assigned FST OIC/CATF Surgeon. The CAF will be used for trending purposes only.

(5) IDCs shall be under the overall cognizance of the COMPHIBGRU THREE Program Manager for PA&I and Continuing Education Unit (CEU) monitoring. Reports of record reviews and progress on annual CEU requirements shall be included in the FST OIC/CATF Surgeon's quarterly PA&I report. Enclosure (1) is a sample format for the FST OIC/CATF Surgeon quarterly report.

(6) Credentialed Health Care Providers from other commands who are assigned temporary additional duty (TAD) to COMNAVSURFPAC or any of its subordinate commands may be granted privileges based on privileging information sent from their parent command via a Clinical Transfer Brief (CTB).

b. Health Care Provider supervision and peer review.

(1) The FST OIC/CATF Surgeon shall conduct medical officer peer review of patient visits for assigned ships and report quarterly to the COMPHIBGRU THREE Medical Officer.

(a) SMOs on ships with GMOs will conduct the peer reviews quarterly on those providers for inclusion in the FST OIC/CATF Surgeon's quarterly report to COMPHIBGRU THREE.

(b) This review shall be done on a percentage of each privileged Health Care Provider's records. A minimum of 30 records per quarter will be reviewed unless the total patient visits were less than 30, then records of all visits will be reviewed. The review shall evaluate, at a minimum, clinical pertinence of the recorded history, physical examination, assessment and treatment plan in the outpatient record. Enclosure (2) should be used for this purpose.

(c) The Group Medical Officer shall conduct medical officer peer review on CATF Surgeons, unassigned medical officers and NSE Medical Departments quarterly.

(2) Performance Appraisal Reports (PARs) for all credentialed providers shall be by the assigned CATF Surgeon and by the COMPHIBGRU THREE Medical Officer for all CATF Surgeons and providers not assigned to a CATF Surgeon.

(a) PARs when completed shall be forwarded to the PAC at COMNAVSURFPAC via the Group Medical Officer. The PAC will present the completed PARs to the Chairman of ECOMS.

(b) PARs should be submitted at the conclusion of a deployment for USMC assigned providers, any TAD period exceeding 30 days where clinical privileges are exercised, upon detachment of the officer or at least every two years.

(c) GMOs granted initial privileges during the one-year exemption period would need PARs completed when applying for full privileges.

(d) The Chairman of ECOMS will send PARs submitted on providers assigned to Marine units in the Amphibious Ready Group (ARG) to the I Marine Expeditionary Force (I MEF) Surgeon. Enclosure (3) is the PARs form.

c. Performance indicators.

(1) Performance indicators are defined as quantitative measures of achievement against which actual performance of health services activities can be evaluated. Emphasis should be placed upon those items that are high cost, high volume or high risk.

(a) Outpatient care will usually be evaluated but, when applicable, inpatient care will be monitored as well. Any topic may be evaluated but priority should be given to those that occur commonly or to those topics that occur uncommonly but have important consequences. Each indicator should be assigned a threshold for compliance that represents the accepted standard of care within the medical community as documented in the literature.

(b) CATF Surgeons shall assist and recommend performance indicators for review. Each unit shall monitor performance indicators and will report on no less than two indicators per year. Detailed information on performance indicators is contained in Section 2 of reference (b).

(2) The measurement of performance indicators may take any amount of time desired by the reviewers (generally 3-9 months is acceptable) but progress updates should be submitted in each of the FST OIC/CATF Surgeon’s quarterly PA&I reports.

d. Occurrence screening.

(1) Occurrences are medical events that are suspected of being outside the standard of care. Enclosure (4) should be used to report occurrences to ensure appropriate input reaches the proper authority. Detailed information on occurrence screening is contained in Section 3 of reference (b).

(2) The following is a list of special occurrences that shall generate occurrence screening automatically. These occurrence screens are performed primarily due to the highly visible nature of the case and do not, in themselves, imply negligent medical care.

(a) Any death regardless of cause

(b) Any legal inquiry/Congressional investigation

(c) Any medication error

(d) Any equipment malfunction resulting in actual or potential patient harm

(e) Any accident while under medical care

(f) Any potentially compensable event

5. Sources of data. Sources of data may include but are not limited to:

a. Outpatient medical records

b. Inpatient medical records

c. Drug utilization reviews

d. Occurrence screens

e. Management variance reports (intradepartmental reports highlighting opportunities to improve a non-clinical process).

f. Problem referrals (reports sent between departments or commands highlighting opportunities for improvement).

g. Patient satisfaction surveys

h. Staff or patient suggestions

i. Patient contact reports (patient complaints)

j. Safety reports/Accident –Injury Reports

6. Reporting.

a. Information gleaned from each ship’s PA&I reviews shall be summarized in a quarterly written report to the COMPHIBGRU THREE Medical Officer via the assigned ARG CATF Surgeon.

b. The COMPHIBGRU THREE Medical Officer will forward these reports to the COMNAVSURFPAC Medical Officer via ECOMS for review and approval.

7. Occurrence Categories.

a. Occurrence categories will be listed as follows:

(1) Category I - an expected occurrence within the standards of care.

(2) Category II - an unexpected occurrence within the standards of care.

(3) Category III - an unexpected occurrence which represents a minor deviation from the standards of care.

(4) Category IV - an unexpected occurrence which represents a major deviation from the standards of care.

b. Records of category III or IV occurrences will be kept in the Health Care Provider's CAF in the Professional Affairs Office at COMNAVSURFPAC for trending purposes. If trends are discovered, a special PAR will be generated documenting the trend and this will be placed in the provider's permanent ICF. If serious trends or deviations from the standards of care are uncovered, an investigation will be initiated. If just cause is found, adverse credentials action may be recommended by ECOMS.

8. The ultimate goal of monitoring and evaluation is continuous quality improvement. To that end, all deviations from the standards of care will be thoroughly discussed at the department level to promote education and training and to prevent similar deviations from occurring. The CATF Surgeons and COMPHIBGRU THREE Medical Officer shall ensure this departmental discussion takes place and will ensure each provider is individually counseled and that all recommended actions are completed.

9. Annual Review. This PA&I Plan for COMPHIBGRU THREE will be reviewed annually.

10. Action. All Senior Medical Department Representatives and Fleet Surgical Team OICs shall ensure compliance with the details of this instruction.

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